FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

| APPROVAL | |
|----------|--|
| | |
| | |

OMB Number: 3235-0076 Expires: November 30, 2001 Estimated average burden hours per form 16.00

| SEC USE ONLY | | | | |
|--------------|-----------|--------|--|--|
| Prefix | | Serial | | |
| DA | TE RECEIV | ŒD | | |

| Name of Offering (check if the | | as changed, and indicate | change.) | //: | 38226 |
|-------------------------------------|----------------------------------|---------------------------|-------------------|----------------------|-------------------|
| Series C Preferred Stock Finar | | | | | |
| Filing Under (Check box(es) that | apply): \square Rule 504 | ☐ Rule 505 | ⊠ Rule 506 | ☐ Section 4(6) | ■ ULOE |
| Type of Filing: | ⊠ Amendment | | | | |
| | A. BASIC | CIDENTIFICATION D | ATA | | |
| 1. Enter the information requeste | d about the issuer | | | | DDAACE |
| Name of Issuer (☐ check if th | is is an amendment and name h | as changed, and indicate | change.) | | WACES |
| FHP Wireless, Inc. | | | | | ALAY OOD |
| Address of Executive Offices | (Number and Stre | et, City, State, Zip Code | Telephone N | Number (Including Ar | ea Code) MAI UOZI |
| 1710 South Amphlett Blvd., Su | ite 304, San Mateo, CA 9440 | 02 | 650-286-42 | 250 | THOMAS |
| Address of Principal Business Op | erations (Number and Stre | et, City, State, Zip Code | Telephone N | Number (Including Ar | ea Code) FINANCIA |
| (if different from Executive Office | es) | | | | |
| Brief Description of Business | | | | | |
| Develop & market technologies | s that enable wireless comm | unications | | | PECENED |
| | | | | | |
| Type of Business Organization | | | | < . M/ | AY 0 7 2002 |
| ⊠ corporation | ☐ limited partnership, alı | ready formed | □ oth | er (please specify): | at the Coop I. to |
| ☐ business trust | ☐ limited partnership, to | be formed | | Pox. | |
| | | Month | Year | 3,7 | 164 /69 |
| Actual or Estimated Date of Incor | poration or Organization: | 09 | 2000 | Actual Estimated | C Ou lead |
| Jurisdiction of Incorporation or O | rganization: (Enter two-letter U | J.S. Postal Service abbre | viation for State | : | |
| | CN for Canada: FN for other fo | | | DE | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



| | A. BASIC IDENTIF | ICATION DATA | | |
|--|----------------------------------|--------------------------------|-----------------------|--------------------------------------|
| 2. Enter the information requested for the follo | wing: | | | |
| • Each promoter of the issuer, if the issuer l | nas been organized within the p | past five years; | | |
| Each beneficial owner having the power t issuer; | o vote or dispose, or direct the | vote or disposition of, 10% | or more of a class of | equity securities of the |
| Each executive officer and director of cor | porate issuers and of corporate | general and managing partr | ers of partnership is | suers; and |
| Each general and managing partner of par | tnership issuers. | | | |
| Check Box(es) that Apply: ☐ Promoter | ☑ Beneficial Owner | ☑ Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| Christian Dubiel | | | | |
| Business or Residence Address (Number and | Street, City, State, Zip Code) | | | |
| 3348 Woodside Road, Woodside, CA 94 | .062 | | | |
| Check Box(es) that Apply: Promoter | ☑ Beneficial Owner | ☑ Executive Officer | ☐ Director | ☐ General and/or |
| | | | | Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| Jonathan Goldenstein | | | | |
| Business or Residence Address (Number and | Street, City, State, Zip Code) | | | |
| 125 Lyon Street #5, San Francisco, CA | 94117 | | | |
| Check Box(es) that Apply: Promoter | ☑ Beneficial Owner | ☑ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| Devabhaktuni Srikrishna | | | | |
| Business or Residence Address (Number and | Street, City, State, Zip Code) | | | |
| 50 Craigie Street, #15, Somerville, MA 0 | 2143 | | | |
| Check Box(es) that Apply: Promoter | ☑ Beneficial Owner | | ☐ Director | ☐ General and/or |
| | | | | Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| A.N. Chari | | | | |
| Business or Residence Address (Number and | Street, City, State, Zip Code) | | | |
| 2203 Hastings Dr #3, Belmont, CA 94002 | 2 | | | |
| Check Box(es) that Apply: Promoter | ☑ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| *Boston Millennia Entities | | | | |
| | Street, City, State, Zip Code) | | | |
| 30 Rowes Wharf, Suite 500, Boston, MA | 02110 | | | |
| | k sheet, or copy and use additi | ional copies of this sheet, as | necessary.) | |

*Boston Millennia Entities include, Boston Millennia Partners II LP, Boston Millennia Partners GmbH & Co KG, Boston Millennia Partners II-A, L.P., and Boston Millennia Associates II Partnership

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: · Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and · Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ⊠ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Benchmark Capital Partners IV Business or Residence Address (Number and Street, City, State, Zip Code) 2480 Sand Hill Road, Menlo Park, CA 94025 ■ Executive Officer ☐ General and/or Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner □ Director Managing Partner Full Name (Last name first, if individual) William Gurley Business or Residence Address (Number and Street, City, State, Zip Code) c/o Benchmark Capital Partners, 2480 Sand Hill Road, Menlo Park, CA 94025 ⊠ Beneficial Owner □ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) David Hanna Business or Residence Address (Number and Street, City, State, Zip Code) c/o Hanna Capital Management 620 Newport Center Drive, Suite 500, Newport Beach, CA 92660 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) Michael Taylor Business or Residence Address (Number and Street, City, State, Zip Code) c/o FHP Wireless, Inc., 1710 South Amphlett Blvd., Suite 304, San Mateo, CA 94402 ⊠ Beneficial Owner Check Box(es) that Apply: ☐ Promoter □ Executive Officer ☐ Director □ General and/or Managing Partner Full Name (Last name first, if individual) *Voyager Capital Entities Business or Residence Address (Number and Street, City, State, Zip Code) 719 Second Avenue, Suite 1400, Seattle, WA 98104 Check Box(es) that Apply: ☐ Promoter ☐ Executive Officer ☐ General and/or □ Director Managing Partner Full Name (Last name first, if individual)

*c/o Voyager Capital, 719 Second Avenue, Suite 1400, Seattle, WA 98104

(Number and Street, City, State, Zip Code)

Curtis Feeny

Business or Residence Address

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. Enter the aggregate offering price of securities included in this offering and the total amoun already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering check this box □ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | , | |
|--|---------------------------|--|
| | Aggregate | Amount Already |
| Type of Security | Offering Price | Sold |
| Debt | | _ |
| Equity | \$ 9,360,100.12 | \$ 9,360,100.12 |
| □ Common ⊠ Preferred | | m 0 |
| Convertible Securities (including warrants) | | |
| Partnership Interests | | |
| Other (Specify) Total | | |
| Answer also in Appendix, Column 3, if filing under ULOE. | \$ 9,360.100.12 | \$ 9,360.100.12 |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | Aggregate |
| Accredited Investors | Number Investors 19 | Dollar Amount of Purchases \$ 9,360,100.12 |
| Non-accredited Investors | | 0 |
| Total (for filings under Rule 504 only) | | \$ |
| Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | |
| Type of Offering | Type of Security | Dollar Amount Sold |
| Rule 505 | | \$ |
| Regulation A | | \$ |
| Rule 504 | | \$ |
| Total | | \$0 |
| 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| Transfer Agent's Fees | | 5 |
| Printing and Engraving Costs | | B |
| Legal Fees | | - |
| Accounting Fees | _ | <u> </u> |
| Engineering Fees | _ | \$ |
| Sales and Commissions (specify finders' fees separately) | _ | S |
| Other Expenses (identify) | - | |
| Total | | |

| C. OFFERING PRICE, NUMB | ER OF INVESTORS, EXPENSES AND I | JSE OF PROC | EEDS |
|--|--|---|------------------------------|
| b. Enter the difference between the aggregate off tion 1 and total expenses furnished in response to F the "adjusted gross proceeds to the issuer." Indicate below the amount of the adjusted gross procused for each of the purposes shown. If the amount estimate and check the box to the left of the estimate equal the adjusted gross proceeds to the issuer set for | ering price in response to Part C - Questart C - Question 4.a. This difference is seeds to the issuer used or proposed to be for any purpose is not known, furnish an e. The total of the payments listed must | | \$ <u>9,263,131.62</u> |
| above. | | Paymen Office Director Affilia | rs, s, & Payments to |
| Salaries and fees | | \$ | □ \$ |
| Purchase of real estate | | \$ | □ \$ |
| Purchase, rental or leasing and installation of mach | ninery and equipment | \$ | □ \$ |
| Construction or leasing of plant buildings and faci | lities | " \$ | \$ |
| Acquisition of other businesses (including the va that may be used in exchange for the assets or merger) | securities of another issuer pursuant to a | □ \$ | s |
| Repayment of indebtedness | | □ \$ | ⋈ \$ <u>70,101.75</u> |
| Working capital | | " \$ | \$9,193,029.87 |
| Other (specify): | | \$ | |
| | | □ \$ | |
| Column Totals | | \$ | 0 🗵 \$9,263,131.62 |
| Total Payments Listed (column totals added) | | Σ | \$ 9,263,131.62 |
| | D. FEDERAL SIGNATURE | | |
| he issuer has duly caused this notice to be signed by the issuest of its staff, the information furnished by the issuer to | uer to furnish to the U.S. Securities and Ex | change Commi | ssion, upon written re- |
| suer (Print or Type) | Signature | | Date |
| HP Wireless, Inc. | 1 the | | 5/2/03 |
| ame of Signer (Print or Type) | Title of Signer (Print or Type) | | |
| lichael Taylor | Chief Financial Officer | | |
| | <u> </u> | | |

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)